APPENDIX 1

Preparation

APPENDIX 1

This appendix corresponds with Step 1: Preparation. It provides completed examples for:

- a Job Requirements and Physical Demands Survey (JR/PD Survey);
- a JR/PD Survey Summary Report; and
- an AF Form 190.

JOB REQUIREMENTS AND PHYSICAL DEMANDS SURVEY

JRPD SURVEY

A completed survey is provided so that you can see the type of information on which the JRPD Survey Summary Report was compiled. One note of caution: the installation EWG does not make conclusions based on responses on individual surveys. This sample is provided only so that you understand the overall process.

JOB REQUIREMENTS AND PHYSICAL DEMANDS SURVEY

Job Requirements and Physical Demands Survey	Date (YYMMDD) *960912*	**Workplace Identifier:**	*0052-XXXX-057A*
(*use this space for mechanical imprint)*		Base *Dover AFB*	Organization
		Workplace *APS Special Handling*	
		Bldg. No/Location	Room/Area *Bay 2*
		AFSC/Job Series	

Gender: Female ❍ Male ●

Work Group: Civilian ❍ Grade:_____ Military ● Rank: Airman

Age Category: 20 and under ● 21-30 ❍ 31-40 ❍ over 40 ❍

Length of service at this base: less than one year ❍ more than one year ●

Length of time in current shop: less than one year ❍ more than one year ●

Have you completed this questionnaire before? Yes ❍ No ●

Part I - Job Factors

This section enables you to describe what is involved in your job. Indicate how long you do this work on approximately a daily basis.

A. DESCRIPTION OF WORK

SHOULDER / NECK

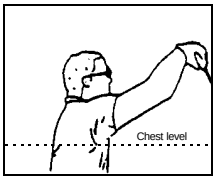


Figure A.

Figure B.

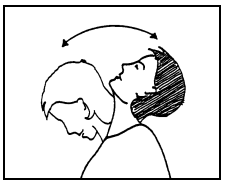


Figure C.

Figure D.

	Never	0-2 hrs.	2-4 hrs.	4-8 hrs.
1. I work with my hands at or above chest level. ***(Figure A.)***	❍	❍	❍	●
2. To get to or to do my work, I must lay on my back or side and work with my arms up.	●	❍	❍	❍
3. I must hold or carry materials (or large stacks of files) during the course of my work.	❍	●	❍	❍
4. I force or yank components or work objects in order to complete a task.	❍	❍	●	❍
5. I reach or hold my arms in front of or behind my body (e.g., using a keyboard, filing, handling parts, performing inspection tasks, pushing or pulling carts, etc.). ***(Figures B.)***	❍	❍	❍	●
6. My neck is tipped forward or backward when I work. (***Figure C.)***	❍	●	❍	❍
7. I cradle a phone or other device between my neck and shoulder. ***(Figure D.)***.....	●	❍	❍	❍

Part I - Job Factors (continued)

HAND/WRIST/ARM

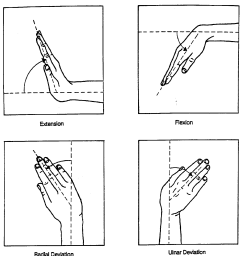


Figure E.

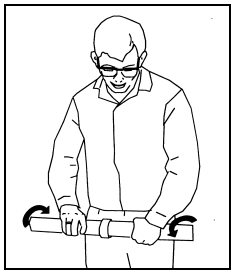


Figure F.

	Never	0-2 hrs.	2-4 hrs.	4-8 hrs.
8. My wrists are bent (up, down, to the thumb or little finger side) while I work. ***(Figure E.)***	❍	❍	●	❍
9. I apply pressure or hold an item/material/tool (e.g., screw driver, spray gun, mouse, etc.) in my hand for longer than 10 seconds at a time.	●	❍	❍	❍
10. My work requires me to use my hands in a way that is similar to wringing out clothes. ***(Figure F.)***	●	❍	❍	❍
11. I perform a series of repetitive tasks or movements during the normal course of my work (e.g., using a keyboard, tightening fasteners, cutting meat, etc.).	❍	❍	●	❍
12. The work surface (e.g., desk, bench, etc.) or tool(s) that I use presses into my palm(s), wrist(s), or against the sides of my fingers leaving red marks on or beneath the skin.	●	❍	❍	❍
13. I use my hand/palm like a hammer to do certain aspects of my work.	❍	●	❍	❍
14. My hands and fingers are cold when I work.	●	❍	❍	❍
15. I work at a fast pace to keep up with a machine production quota or performance incentive.	●	❍	❍	❍
16. The tool(s) that I use vibrates and/or jerks my hand(s) and arms(s).	●	❍	❍	❍
17. My work requires that I repeatedly throw or toss items.....	❍	●	❍	❍
18. My work requires me to twist my forearms, such as turning a screwdriver.	❍	●	❍	❍
19. I wear gloves that are bulky, or reduce my ability to grip.	●	❍	❍	❍
20. I squeeze or pinch work objects with a force similar to that which is required to open a lid on a new jar.	❍	❍	●	❍
21. I grip work objects or tools as if I am gripping tightly onto a pencil.	●	❍	❍	❍

Part I - Job Factors (continued)

BACK/TORSO

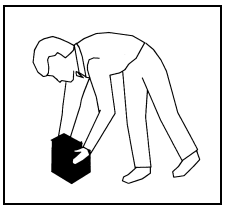


Figure G.

	Never	0-2 hrs.	2-4 hrs.	4-8 hrs.
22. When I lift, move components, or do other aspects of my work, my hands are lower than my knees. ***(Figure G.)***	❍	❍	❍	●
23. I lean forward continually when I work (e.g., when sitting, when standing, when pushing carts, etc.).	❍	❍	●	❍
24. The personal protective equipment or clothing that I wear limits or restricts my movement.	●	❍	❍	❍
25. I repeatedly bend my back (e.g., forward, backward, to the side, or twist) in the course of my work.	❍	❍	❍	●
26. When I lift, my body is twisted and/or I lift quickly. ***(Figure H.)***	●	❍	❍	❍

Figure H.

27. I can feel vibration through the surface that I stand on or through my seat.	●	❍	❍	❍
28. I lift and/or carry items with one hand. ***(Figure I.)***	❍	●	❍	❍

Figure I.

29. I lift or handle bulky items.	❍	●	❍	❍
30. I lift materials that weigh more than 25 pounds.	❍	●	❍	❍

Part I - Job Factors (continued)

LEGS / FEET

Figure J.

Figure K

	Never	0-2 hrs.	2-4 hrs.	4-8 hrs.
31. My work requires that I kneel or squat. ***(Figure J.)***	❍	●	❍	❍
32. I must constantly move or apply pressure with one or both feet (e.g., using foot pedals, driving, etc.).	●	❍	❍	❍
33. When I'm sitting, I cannot rest both feet flat on the floor. ***(Figure K.)***	●	❍	❍	❍
34. I stand on hard surfaces.	❍	❍	❍	●

HEAD / EYES

35. I can see glare on my computer screen or work surface.	●	❍	❍	❍
36. It is difficult to hear a person on the phone or to concentrate because of other activity, voices, or noise in/near my work area.	●	❍	❍	❍
37. I must look at the monitor screen constantly so that I do not miss important information (radar scope).	●	❍	❍	❍
38. It is difficult to see what I am working with (monitor, paper, parts, etc.).	●	❍	❍	❍

Part I - Job Factors (continued)

B. ORGANIZATIONAL FACTORS

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	**2**	**3**	**4**	**5**
39. I often feel unclear on what the scope and responsibilities of my job are.	❍	●	❍	❍	❍
40. I often feel that I have too heavy of a workload, one that I could not possibly finish during an ordinary workday.	❍	●	❍	❍	❍
41. I often feel that I will not be able to satisfy the conflicting demands of various people around me.	❍	❍	●	❍	❍
42. I often find myself unable to get information needed to carry out my job.	❍	❍	●	❍	❍
43. I often do not know what my supervisor thinks of me, how he/she evaluates my performance.	❍	●	❍	❍	❍
44. I often think that the amount of work I have to do interferes with how well it's done.	❍	●	❍	❍	❍

C. PHYSICAL EFFORT

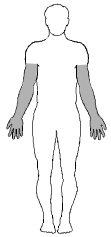
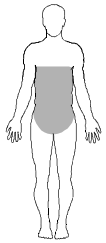
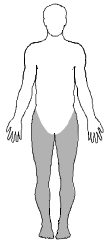
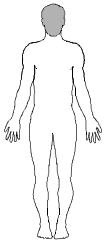
45. How would you describe the physical effort required of your job?

6	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**
No exertion at all	Extremely light		Very light		Light		Somewhat hard		Hard		Very hard		Extremely hard	Maximal exertion
❍	❍	❍	❍	❍	❍	❍	●	❍	❍	❍	❍	❍	❍	❍

Part II - Your Body's Response to Work Demands

D. DISCOMFORT FACTORS

This section enables you to identify how your body responds to the demands of ***your job***. In each section, answer the first question. If the answer is "no" go to the next column.

Question	 **Shoulder/Neck**	 **Hands/Wrists/Arms**	 **Back/Torso**	 **Legs/Feet**	 **Head/Eyes**
• In the past 12 months, have you experienced <u>any</u> discomfort, fatigue, numbness, or pain that ***relates to your job***?	46. Yes ● No ❍ ***If "no", go to question 49***	49. Yes ● No ❍ ***If "no", go to question 52***	52. Yes ● No ❍ ***If "no", go to question 55***	55. Yes ❍ No ● ***If "no", go to question 58***	58. Yes ❍ No ● ***If "no", go to question 61***
• How often do you experience discomfort, fatigue, numbness, or pain in this region of the body?	47. Daily ❍ Weekly ❍ Monthly ●	50. Daily ❍ Weekly ❍ Monthly ●	53. Daily ❍ Weekly ❍ Monthly ●	56. Daily ❍ Weekly ❍ Monthly ❍	59. Daily ❍ Weekly ❍ Monthly ❍
• On average, how severe is the discomfort, fatigue, numbness, or pain in this region of the body?	48. Mild ● Moderate ❍ Severe ❍	51. Mild ● Moderate ❍ Severe ❍	54. Mild ● Moderate ❍ Severe ❍	57. Mild ❍ Moderate ❍ Severe ❍	60. Mild ❍ Moderate ❍ Severe ❍

Part II - Your Body's Response to Work Demands (continued)

E. GENERAL QUESTIONS

61. In the past 12 months, have you seen a health care provider for any pain or discomfort that you think **relates to your job**? Yes ❍ No ●

62. Do you experience any work-related pain or discomfort that does not improve when you are away from work overnight or over the weekend? Yes ●No ❍

63. In the past 12 months, has any work-related pain or discomfort caused you difficulty in carrying out normal activities (e.g., job, hobby, leisure, etc.)? Yes ●No ❍

64. Has a health care provider ever told you that you have any of the following conditions which you think might be **related to your work**? Yes ❍ No ●

- Tendonitis/Tenosynovitis
- Epicondylitis (Tennis Elbow)
- Thoracic Outlet Syndrome
- Ganglion Cyst
- Bursitis
- Back Strain
- Trigger Finger
- Carpal Tunnel Syndrome
- Knee or Ankle Strain
- Overuse Syndrome

65. Do you have or have you ever had one or more of the following conditions? Yes ❍ No ●

- Wrist Fracture
- Thyroid Disorder
- Rheumatoid Arthritis
- Hypertension
- Diabetes
- Kidney Disorders
- Gout

Part III - Work Content

The section below will enable you to describe the content of the work that you do in your current shop.

Fill in the box that describes how frequently you do the task listed, based on the following definitions:

- **Routine:** Performed on three or more days per week.
- **Non-routine:** Performed two days a week or less.
- **Seasonal:** Performed only during certain times of the year
- **Never/NA:** You do not perform this type of work.

No.	Type of Work	Work Frequency (Check one)			
		Routine	Non-Routine	Seasonal	Never/NA
66.	abrading	❍	❍	❍	●
67.	baking	❍	❍	❍	●
68.	bolting/screwing	❍	❍	❍	●
69.	calling (telephone use)	❍	❍	❍	●
70.	chipping	❍	❍	❍	●
71.	cleaning by hand	❍	❍	❍	●
72.	cleaning with high pressure equipment	❍	❍	❍	●
73.	coating/immersing	❍	❍	❍	●
74.	cooking	❍	❍	❍	●
75.	copying	❍	❍	❍	●
76.	crimping	❍	❍	❍	●
77.	cutting/shearing	❍	❍	❍	●
78.	drafting/CAD system use	❍	❍	❍	●
79.	drilling	❍	❍	❍	●
80.	driving (vehicles)	❍	❍	❍	●
81.	excavating	❍	❍	❍	●
82.	filing/general administrative	❍	❍	❍	●
83.	flame cutting/arc cutting	❍	❍	❍	●
84.	folding/fitting	❍	❍	❍	●
85.	gluing/laminating	❍	❍	❍	●
86.	grinding/buffing/polishing	❍	❍	❍	●
87.	hammering	❍	❍	❍	●
88.	lifting	●	❍	❍	❍
89.	loading (pallets, trucks, carts, aircraft)	●	❍	❍	❍
90.	lubricating	❍	❍	❍	●

Part III - Work Content (Continued)

No.	Type of Work	Work Frequency (Check one)			
		Routine	Non-Routine	Seasonal	Never/NA
91.	machining	❍	❍	❍	●
92.	masoning	❍	❍	❍	●
93.	melting	❍	❍	❍	●
94.	molding	❍	❍	❍	●
95.	monitoring (visual displays)	❍	❍	❍	●
96.	mousing (for computer work)	❍	❍	❍	●
97.	nailing	❍	❍	❍	●
98.	opening/closing heavy doors	❍	❍	❍	●
99.	packing/packaging	●	❍	❍	❍
100.	painting/spray painting	❍	❍	❍	●
101.	paving	❍	❍	❍	●
102.	pumping (by hand)	❍	❍	❍	●
103.	riveting/bucking	❍	❍	❍	●
104.	sanding	❍	❍	❍	●
105.	sawing	❍	❍	❍	●
106.	scanning (using bar code readers)	❍	❍	❍	●
107.	sewing	❍	❍	❍	●
108.	soldering/brazing	❍	❍	❍	●
109.	stapling	❍	❍	❍	●
110.	stripping/depainting by hand	❍	❍	❍	●
111.	stripping/depainting mechanically	❍	❍	❍	●
112.	transporting loads on non-powered carts	❍	●	❍	❍
113.	turning valves	❍	❍	❍	●
114.	tying/twisting/wrapping	●	❍	❍	❍
115.	typing/keying	❍	❍	❍	●
116.	welding	❍	❍	❍	●
117.	wheeling loads	❍	❍	❍	●
118.	wiring	❍	❍	❍	●
119.	wrenching/ratcheting	❍	❍	❍	●
120.	writing/illustrating	❍	❍	❍	●
	(Write in others)				
121.	_____	❍	❍	❍	❍
122.	_____	❍	❍	❍	❍

Part IV - Process Improvement Opportunities

Think about your job as a whole, including routine, non-routine or seasonal work.

Read the questions listed below and **describe the activities** that you or your co-workers think place the greatest demands on your body.

1. Which tasks are the most awkward or require you to work in the most uncomfortable positions?

Throwing tie-down nets over tall pallet loads.

2. Which tasks take the most effort?

Pulling the nets out of baskets. Sometimes nets have bugs or other things in them.

3. Are there any tools or pieces of equipment that are notoriously hard to work with? (If so, list them below)

No Comment.

4. If you could make any suggestions that would help you do your job more easily or faster or better, what would you suggest?

Have the tie down task be done on the leveler in the bay.

JRPD Survey Summary Report

JRPD Survey Summary Report

You will need to refer to this report in cases when you are conducting pro-active problem-solving in EPRA-designated shops. Table A describes parts of the report that may be particularly helpful.

Table A
JRPD Survey Summary Report - Items to Include in Pre-Shop Visit Review

Where	Selected Items/Information	What it Tells You
Page 1	Steps 1, 2, and 3. Items A.1-A.5 and D.1-D.5 are combined using the Ranking Matrix to generate the Priority Rank for the shop. The highest score for any body region (e.g., shoulder/neck, back/torso, etc.) is used as the Priority Rank on which the EWG makes its initial judgment about EPRA status.	Look at the highest body part ratings for the shop as a whole. If the shoulder/neck, for example, gets the highest ratings, you may wish to pay special attention to risk factors/demands on the shoulder as you perform assessments in the shop. Also, if your Level I Checklist results generate a high relative score for the same region, you might conclude that the job/task which is the focus of your assessment, may be contributing to reported shoulder/neck problems throughout the shop.
Page 2	Steps 4 and 5. The Organizational Rating indicates the perceived level of "job stress" in the shop. The Physical Effect Factors score indicates people's overall perception of physical demands (e.g., easy, hard, etc.)	A "high" Organizational Rating could indicate that high levels of job stress (e.g., poor relationship with supervisor, high work load, etc.) throughout the shop may be increasing people's experience with pain and discomfort. While you are not necessarily responsible for dealing with job stress, employees may comment about it during the course of your assessment. A Physical Effect Factors score of 15 or higher indicates that employee's think the over job demands in the shop are "high" (15 = hard on the survey). You should be sensitive to this as you are performing the assessment.

Table A (Cont'd)

JRPD Survey Summary Report - Items to Include in Pre-Shop Visit Review

Where	Selected Items/Information	What it Tells You
Page 2	Step 6. Health care provider score. Activity Interruption percentage.	Health care provider score indicates number of employees who have received prior medical attention for a disorder. Activity Interruption percentage indicates the percentage of employees whose work or home activities have been affected by work-related pain or discomfort.
Page 2	Step 7. List of routine types of work.	This information is particularly important. This is the list of tasks that you will verify with the shop supervisor and from which you may select jobs to include in your proactive assessment.
Page 3	Step 8. Information on “potential concerns” and “improvement opportunities” within the shop.	Information in Step 8 may help you fine tune or prioritize the list of jobs you wish to include in your assessment. Pay close attention to the improvement opportunity remarks. Employees are providing you with some time-saving insight into what may help reduce ergonomics risk factors or pain/discomfort throughout the shop.

JOB REQUIREMENTS AND PHYSICAL DEMANDS SURVEY SUMMARY REPORT

ERPA Status: *EPRA*	**Priority Ranking:** *7*	**Date:** *260996*
Date: *26 September 1996*	Workplace Identifier: *0052-XXXX-057A*	Base: *Dover AFB*
Organization:	Workplace: *APS Special Handling*	Bldg./Location:
Room/Area *Bay 2*	AFSC:	Civilian Job Series:
Shop Supervisor:	Duty Phone:	Office Symbol:

Step 1	Step 2	Step 3
Write in the **Risk Factor Rating** for Part I, (questions 1-38, Scoring Sheet pg.1)	Write in the **Discomfort Rating** for Part II, (questions 46-60, Scoring Sheet pg.3)	Look at the "Ranking Matrix" below and enter the **Priority Score** in it's corresponding box.
A.1 *Medium*	D.1 *Medium*	**Shoulder/Neck =** *5*
A.2 *Medium*	D.2 *Low*	**Hands/Wrist/Arms =** *2*
A.3 *High*	D.3 *Medium*	**Back/Torso =** *7*
A.4 *High*	D.4 *Medium*	**Legs/Feet =** *7*
A.5 *Medium*	D.5 *Medium*	**Head/Eye =** *5*

Ranking Matrix

Ranking Matrix for **Priority Score**	Discomfort High	Discomfort Medium	Discomfort Low
Risk Factor High	9	7	4
Risk Factor Medium	8	5	2
Risk Factor Low	6	3	1

Select the HIGHEST score for any body part from Step 3 and enter →

Survey Priority Rank: *7*

JOB REQUIREMENTS AND PHYSICAL DEMANDS SURVEY SUMMARY REPORT

Step 4

B. Enter **Organizational Rating:** (Questions 39-44, Scoring Sheet pg. 2) **Low**	**Comments:** *None*

Step 5

C. Enter **Physical Effect Factor Score**: (Question 45, Scoring Sheet pg.2) **13.47**	**Comments:** *None*

Step 6

E. Enter the score for each of the **General Questions**: (Questions 61-65, Scoring Sheet pg. 4)

E.1 Health Care Provider Score *7* %	**Comments:**
E.2 Recovery Time Score *52.63* %	**Comments:** *Likely EPRA. If not, compare with discomfort ratings and consider an ergonomic evaluation.*
E.3 Activity Interruption Score *47.37* %	**Comments:** *Almost half the employees report that work-related pain/discomfort has affected job performance/hobbies.*
E.4 Previous Diagnosis Score *31.58* %	**Comments:** *A pre-existing WMO may be inflating the survey priority rank.*
E.5 Contributing Factors Score *26.32* %	**Comments:**

Step 7

F. List below each of the routine types of work which had shop percentage scores over 20%. (Items 66-122, scoring sheet page 5)

Type of Work	%	Type of Work	%
Loading	*95*		
Lifting	*95*		
Packing/Packaging	*72*		
Tying/Twisting/Wrapping	*26*		

JOB REQUIREMENTS AND PHYSICAL DEMANDS SURVEY SUMMARY REPORT

Step 8	
Review Part IV (Questions 1-3) to identify tasks, tools, equipment, etc., that employees listed as potential concerns. Comment as appropriate.	**Comments:** *Handling nets/Tie-downs seem to require significant effort.*
Review Part IV (Question 4) to identify potential improvement opportunities. Comment as appropriate.	**Comments:** *Check to see if task can be performed using existing height adjustment device in the adjacent work area.*
Step 9	
Injury/Illness Data: Review the injury/illness history from this shop. Attach information and comment as appropriate.	**Comments:** *One employee has had surgery on both wrists (Carpal Tunnel Syndrome)*

Step 10
Conclusions / Recommendations Summary

Shop Status

EPRA

Recommendations for follow-up:

Refer to Bioenvironmental Engineering for Level I Assessment. Suggest beginning by investigating the demands of loading and lifting tasks most frequently performed in the shop.

AF Form 190

AF Form 190

Attached is a completed AF Form 190. Table B describes parts of the report that may be particularly helpful.

Table B
AF Form 190 - Items to Include in Pre-Shop Visit Review

Selected Items/Information	What it Tells You
Items 6 and 10. Work Location and Occupation (Job Title/AFSC)	This information may help you pin point the possible job or workstation source of reported potential ergonomics problems.
Item 25. Describe Job Tasks that Resulted in Exposure to Hazardous Materials/Agents (Specify the material/agent).	The more specific the information, the more helpful it will be to prepare for your assessment. Ideally, the description will provide, not only information on the physical movements that may be the source of stress (e.g., radial, ulnar deviation), but information on a specific job or series of tasks in which those movements occur. It is the task-specific information which will help you decide where to begin the Level I Assessment.
Item 12. Diagnosis and Relevant Medical Data.	This description will help you focus your assessment. In other words, while you will be completing the Level I Ergonomics Assessment Checklist in order to assess exposure for all of the body regions, knowing in advance that the person is suffering from a lateral epicondylitis (elbow) may make you more sensitive to risk factors for that body region.
Step 31. Bioenvironmental Survey.	One of the primary purposes of the Level I Ergonomics Assessment and Problem-Solving Guide for Maintenance and Inspection Work Areas is to provide you with the tools to supplement your own ergonomics expertise and enable you to complete this section.

FPO

Copy of completed AF Form 190

OCCUPATIONAL ILLNESS / INJURY REPORT

(THIS FORM IS SUBJE... TO THE PRIVACY ACT OF 1974 - Use Blanket P... DD Form 2005) 95-487

I. PATIENT IDENTIFICATION

1. NAME (Last, First, MI)	2. SSAN	3. GRADE	4. SEX	5. AGE
[redacted] 95-222	[redacted]	☐ MIL ☒ CIV	☒ M ☐ F	35

6. ...K LOCATION	7. DUTY PHONE	8. ORGANIZATION AND SYMBOL	9. INSTALLATION
B 2121/FLAP SHOP	63860	OC-ALC/LIPPBS	TINKER AFB, OK 73145

10. OCCUPATION (Job Title/AFSC)	11. SUPERVISOR (Name and Duty Phone)
A/C SHEETMENTAL MECHANIC/3806/WG-10	[redacted]

II. INCIDENT / ILLNESS DATA

12. DATE AND TIME OF	13. STATUS AT TIME OF EXPOSURE
EXPOSURE: SINCE 1988 ILLNESS: FEB 95	☒ ON DUTY ☐ OFF DUTY ☐ LEAVE ☐ TDY ☐ OTHER
14. DURATION OF EXPOSURE	**15. WITNESS (Name and Phone)**
7 YEARS, 6 MONTHS, 25 DAYS (7 y 6 mo)	NONE

16. DESCRIPTION OF SYMPTOMS AT ONSET OF ILLNESS

"This has happened in Bldg. 2121. My job calls for the use of alot of power tools such as drill motors, rivet guns, etc. I do alot of overhead and below knee work. My right elbow has started hurting me and has progressively gotten worse."

III. MEDICAL DATA

17. DIAGNOSIS AND RELEVANT MEDICAL DATA (Indicate affected body parts)	18. CLASSIFICATION [2]		OSHA CODE
RIGHT LATERAL EPICONDYLITIS		OCCUPATIONAL SKIN DISEASE	21
		DUST DISEASE OF LUNGS	22
		RESPIRATORY CONDITION DUE TO TOXIC AGENT	23
		SYSTEMATIC EFFECT OF TOXIC MATERIAL (poisoning)	24
		DISORDER DUE TO PHYSICAL AGENT (Other than toxic material)	25
Tc 99 - 72632	X	DISORDER DUE TO REPEATED TRAUMA (Exclude hearing loss)	26
FATALITY ☐ RESULTED IN UNCONSCIOUSNESS ☐		OTHER OCCUPATIONAL DISEASE	29

19. DATE/TIME OF INITIAL TREATMENT/DIAGNOSIS	20. MEDICAL FACILITY
LY 95/1422-1545	72D AMDS/SGPFO, OMS, BLDG. 3001

21. TREATMENT ADMINISTERED (Check One) ☒ FIRST AID [1] ☐ DEFINITIVE CARE (Specify In Remarks)

22. DISPOSITION OF PATIENTS

YES	NO		NO. OF DAYS	
	X	RETURN TO NORMAL DUTY	0	ADMITTED TO HOSPITAL
	X	REFER TO PRIVATE PHYSICIAN	0	PLACED ON [redacted]
	X	EXCUSED FOR REST OF DUTY DAY	7	RETURN TO [redacted]

23. NAME OF MEDICAL OFFICER [redacted] MAJ, USAF, MC, FS, 044F3

MAJOR
MEDICAL CORP
AFSC: 044F3
72 MG, TINKER AFB OK 73145-3065

24. REMARKS

DEFINITIVE CARE NOT SPECIFIED BY THE ATTENDING PHYISICIAN.

IV. ENVIRONMENTAL DATA

25. DESCRIBE JOB TASKS THAT RESULTED IN EXPOSURE TO HAZARDOUS MATERIALS / AGENTS (Specify the material / agent)

Mr[redacted]s duties is primarily a standing operations with most parts positioned on work tables or fixtures of various fixed heights in either the Back or flap shop. He corrects defects and sheet metal "skins" and frames by using a variety of handheld tools. Operations include: removing trivets with drills, using cleco pliers to install clecos to hold parts , countersinking bolt holes with a drill, shooting rivets while using various guns (e.g. rivet and cherry loc) and while holding various sizes of bucking bars, microshaving rivets, cutting sheet metal with manual or pneumatic shears, sanding and bufing various edges, wiring some fastners with safety wire pliers, using hammers, mallets and files, painting and cleaning parts, installing brakcets using am impact wrench

V. CASE CLASSIFICATION

26. OCCUPATIONAL INCIDENT	27. TYPE	28. WORKPLACE IDENTIFIER											
(X) YES ☐ NO	☐ INJURY (X) ILLNESS	0	1	8	8	D	A	D	O	2	0	6	

29. REVIEWING OFFICER	30. DATE (YYMMDD)
[redacted] MD, CHIEF OMS, 09356C	951030

1. One-time treatment of minor scratches, cuts, burns, and splinters which do not require professional care.
2. See AFR 127-12.

31. BIOENVIRONMENTAL ENGINEERING SURVEY *(Summarize investigation of patient's exposure. Indicate results of appropriate measurements and assessment of protective measures. Consultant reports of or in lieu of this survey should be referenced and attached.)*

Erogmonic stresses include, vibration transmitted to the arms and hands from shooting rivets with various guns and holding bucking bars (this is a high level of exposure, the high level implies that employees use vibrating tools more than four hours distributed over the entire day, or more than 30 minuts continuously or repetitively), forceful exertions are required due to: (1) holding heavy tools (i.e., cherry loc gun weighs 10 pounds), (2) using unbalanced tools (i.e., like some of the rivet and impact guns), (3) using manual shears, and (4) working with hard metal. Static work posture is required to use tools with one-finger triggers, localized contact stress to the palm of the hand due to holding bucking bar no designed handle/grip, repetitive wrist deviation are to insert and remove clecos using cleco pliers, repeated wrist extensions and flexion is present when using riveting gun. (this can lead to carpal tunnel syndrome), awkward postures (i.e., forward forearm rotations, elevated shoulders) due to work surfaces and fixtures with fixed heights and to improper match between work surfaces and grip of hand tool, repeated manipulations, deviations and twisting of the wrist while using tools (e.g., hammers, pliers, mallets (this can lead to ganglion cysts, tendonitis or epicondylitis), forced exertions are necessary to lift, pull and push heavy aircraft parts, wrists are flexed due to incorrect height of keyboard. These stresses have been related to ergonomic type conditions.

Consult with Bioenvironmental Engineering concluded that no further information could be provided that could assist in determining the occupational relationship of this condition. Bioenvironmental Engineering has identified these ergonomic stresses, made appropriate recommendations for corrective action and is tracking the recommendations for implemtation.

AFMC FORM 12 RECEIVED: 27 JUL 95
AF FORM 190 SENT TO SGPFO: 31 Jul 95
AF FORM 190 RECEIVED FROM SGPFO: 95/08/08
FINAL DATA ENTRY: 95/08/08

returned from OMS for Signature of block 31, 2 Aug 95
Sent back to OMS 3 Aug 95

32. DATE	33. SURVEY PERFORMED BY
9 5 0 7 2 8	[redacted] SSgt. USAF. NCOIC. Occupational Health. Public Health Flight

AF FORM 190, OCT 81 *(REVERSE) (EF-V1) (PerFORM PRO)*